

**FULL REGISTRATION FORM**

- NAME: (L, F, MI) \_\_\_\_\_
- DOB: (YYYYMMDD)\_\_\_\_\_
- SPONSOR'S SSN:\_\_\_\_\_
- BENEFICIARY (PATIENT) CATEGORY: (**A11=Active Duty Army, F11=Active Duty Air Force, A41= Army Dependent, F41=Air Force Dependent, K53= Civilian Sponsor, K54= Civilian Dependent, A31=Army Retirees, F31=Air Force Retirees.** For Navy and Marines just replace letter with either N=Navy or M=Marines \_\_\_\_\_)
- FMP (Family Member Prefix): (**20= Sponsor, 30= 1<sup>st</sup> Spouse, 31= 2<sup>nd</sup> Spouse, etc.)**  
(**01= First born Child, 02= 2<sup>nd</sup> born child, and ETC.**) \_\_\_\_\_
- RELIGIOUS PREFERENCE: \_\_\_\_\_
- ETHNIC: **FILIPINO (3), HISPANIC (1), OTHER (9), OTHER ASIAN-PACIFIC ISLANDER (4), SE ASIAN (2) UNKNOWN (Z)**\_\_\_\_\_
- RACE: **AMERICAN INDIAN OR ALASKAN NATIVE (R), ASIAN-PACIFIC ISLANDER (M), BLACK (N), OTHER (X), UNKNOWN (Z), WHITE (C),** \_\_\_\_\_
- MARTIAL STATUS: (**M= Married, D= Divorced, S=Single, L= Legally separated**)\_\_\_\_\_
- **PATIENT ADDRESS**
  - Physical Address:
  
  
  
  
  
  
  
  
  
  
  - CMR or APO:
- PATIENT PHONE NUMBER

**FLIP OVER ON BACK SIDE**

- PAY GRADE: (Active Duty Only) \_\_\_\_\_
- MOS (Active Duty Only) \_\_\_\_\_
- LENGTH OF SERVICE: (Active Duty Only) \_\_\_\_\_ YEAR
- FLYING STATUS: (Active Duty Only) (Y=Yes, N=No) \_\_\_\_\_
- BRANCH of SERVICE: (Active Duty Only) \_\_\_\_\_
- UNIT LOCATION (Active Duty Only) \_\_\_\_\_ (GM= Germany)
- ENROLLED IN "PERSONNEL RELIABILITY PROGRAM" (AIR FORCE ONLY) (YES, NO)
- ORGAN DONOR (YES, NO or UNDECIDED) \_\_\_\_\_
- EXPECTED DELIVERY DATE (EDD) \_\_\_\_\_
- EMERGENCY CONTACT INFORMATION (EMERGENCY ADDRESSEE)

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE #: